

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		67834	1/2/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	71432	1/13/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
Final Original	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
51	
52	✓ ✓ ✓
53	✓ ✓
54	✓ ✓
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98	✓ ✓ ✓
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Claim	Date
Final Original	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
101	✓ ✓
102	✓ ✓
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122	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here